Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	ILED	
		N046049	B. WING		12/0	9/2014
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF PRAIRII	E VILLAGE 7105 MISSI PRAIRIE V	ON ROAD LLAGE, KS 6	6208		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	INITIAL COMMENTS		S 000			
S 600 SS=F	28-39-158(a) DIETARY SERVICES		S 600			
33-1	Dietary services. The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation if the company meets the requirements of these regulations.					
	(a) Staffing.					
	dietetic services shall responsibility of a full- licensed dietitian or a who receives regularl supervision from a lice	time employee who is a dietetic services supervisor y scheduled onsite ensed dietitian. The nursing ufficient support staff to				
	policies and procedur dietetic services depart	ty shall implement written es for all functions of the artment. The policies and vailable for use in the				
Note: The dietetic services supervisor shall meet the requirements as stated in K.A.R. 28-39-144(r) (1) through (4)						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		N046049	B. WING		12/09/2014	
	ROVIDER OR SUPPLIER	TE, ZIP CODE 6208				
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S 600	Continued From page	÷ 1	S 600			
	by: The facility identified a with one kitchen and observation, record refacility failed to have a for 4 of 4 days onsite Findings included: - During the tour of the A.M. the facility did not Manager (CDM) but he Director who was not Interview on 12/3/14 a staff A acknowledged CDM. Interview on 12/3/14 a acknowledged he/she The facility provided Seriormance Dining Seundated, revealed the	ne kitchen on 12/2/14 at 9:25 of have a Certified Dietary and a Dining Services at work today. at 1:35 P.M. administrative the facility did not have a set 5:45 P.M. dietary staff DD a was not a CDM. Skilled Nursing Standards of a Nutrition Program policy, a CDM and Dining Service ponsible for the dining and				
S 936 SS=E	areas	(ii)(c)(d)(e) P E - Dietary	S 936			
	(b) Dietary areas. Eac	ch nursing facility shall have				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	(X3) DATE SURVEY COMPLETED				
N046049 B. WING	12/09/2014				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208	DRESS, CITY, STATE, ZIP CODE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
dietary service areas that are adequate in relation to the size of the nursing facility and are designed and equipped to meet the needs of the residents. Each nursing facility shall meet the requirements of the "food code," as adopted by reference in K.A.R. 26-39-105. Dietary service areas shall be located to minimize transportation for meal service unrelated to the resident unit past the resident rooms. The following elements shall be included in each central kitchen and resident unit kitchen: (A) A control station for receiving food supplies; (B) food preparation and serving areas and equipment in accordance with the following requirements: (i) Conventional food preparation systems shall include space and equipment for preparing, cooking, baking, and serving; and (ii) convenience food service systems, including systems using frozen prepared meals, bulk-packaged entrees, individual packaged portions, or contractual commissary services, shall include space and equipment for thawing, portioning, cooking, baking, and serving; (C) space for meal service assembly and distribution equipment; (D) a two-compartment sink for food preparation; (E) a hand-washing sink in the food preparation area; This REQUIREMENT is not met as evidenced by: K.A.R. 26-40-302(5)					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
	N046049		B. WING		12/09/2014			
		14040043			12/03/2014			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BRIGHTO	BRIGHTON GARDENS OF PRAIRIE VILLAGE 7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208							
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S 936	Continued From page	: 3	S 936					
	The facility identified a census of 27 residents. Based on observation, record review, and staff interview, the facility failed to maintain an air gap on 1 of 2 ice machines. Findings included: - Observation on 12/2/14 at 9:50 A.M. the ice machine in the hall across from the dining room lacked a drain opening and was attached directly to a hose and to a pipe on the wall. Interview on 12/2/14 at 9:56 A.M. maintenance staff X stated the ice machine drained into the sewer system. He/she did not know the ice machine required an air gap. Interview on 12/2/14 at 1:12 P.M. consultant staff II stated the ice machine drained into the sewer system. The 2009 Food Code stated an air gap between the plumbing fixture (ice machine) and water supply should be at least twice the diameter of the tube and may not be less than 1 inch. The facility failed to provide a policy for ice machine air gaps.							
	The facility failed to m ice machine.	naintain an air gap for one						
S 970 SS=F	26-40-302 (g)(i)(ii)(iii) support systems	P E - Nursing facility	S 970					
	(G) If a nursing facility meet the requirement	uses a wireless system to s of paragraphs						
	(i)(1)(A) through (E), all of the following additional							

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N046049		B. WING	B. WING				
BRIGHTON GARDENS OF PRAIRIE VILLAGE 7105 MISSIG							
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S 970	requirements shall be met: (i) The nursing facility shall be equipped with a system that records activated calls. (ii) A signal unanswered for a designated period of time, but not more than every three minutes, shall repeat and also be sent to another workstation or to staff that were not designated to receive the original call. (iii) Each wireless system shall utilize radio frequencies that do not interfere with or disrupt pacemakers, defibrillators, and any other medical equipment and that receive only signals initiated from the manufacturer's system. This REQUIREMENT is not met as evidenced by:		S 970				
	The sample included observation, interview facility failed to ensure escalated within 3 min. Findings included: - Observation on 12/3 from 7:45 A.M. to 8:13 alerted direct care stawhen a resident active. Subsequent recalls agand licensed nursing any other staff. On 12/4/14 at 11:57 A stated when a call light	nutes if not answered. 3/14 during call light checks 5 A.M. revealed pagers ff and licensed nursing staff					

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BRIGHTON GARDENS OF PRAIRIE VILLAGE 7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208								
	OLIMANA DV. OT	ATEMENT OF DEFINITION		· ·				
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S 970	Continued From page	5		S 970				
2 9 7 0			S 970					
	nurse's pager. He/sh the same pagers until							
	light. He/she was una							
	The facility failed to polight escalation as rec		call					
	The facility failed to el notified additional stata a call light was activate	ff at 3 minute intervals	when					

PRINTED: 12/09/2014 FORM APPROVED Kansas Department on Aging STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING _ N046049 12/09/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7105 MISSION ROAD **BRIGHTON GARDENS OF PRAIRIE VILLAGE** PRAIRIE VILLAGE, KS 66208 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)